

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90010 045 ***150.00

DOCUMENT # J73581

1. Entity Name

T. GALLOWAY CONSTRUCTION, INC.

Principal Place of Business

85 1ST ST
BIG PINE KEY FL 33043
US

Mailing Address

P.O BOX 3644
LANTANA FL 33465
US

2. Principal Place of Business

1509 HIGH RIDGE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LANTANA FL. 33461

City & State

LAKE WORTH

Zip

33461

Country

FLORIDA

Zip

Country

FLORIDA

6. Name and Address of Current Registered Agent

GALLOWAY, TIMOTHY
85 1ST STREET
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1509 HIGH RIDGE RD.

City

LAKE WORTH

FL

Zip Code

33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00 ~
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **GALLOWAY, TIMOTHY**
CITY-ST-ZIP **85 1ST STREET**
BIG PINE KEY FL 33043

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **CONNIE GALLOWAY**
STREET ADDRESS **1509 HIGH RIDGE RD.**
CITY-ST-ZIP **LAKE WORTH FL. 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy Galloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01
Date

(560) 714-3470
Daytime Phone #

0512491

CR2E034 (10/00)